



Micro Brewery Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY NUMBER _____

FEIN _____

WEB ADDRESS _____

PREMISES AND PROCEDURES QUESTIONS

1. How many years of employment does the management have in the brewery business? _____

2. Estimated gross annual receipts for:

| | Last year's receipts | Current year estimated annual receipts | Next year estimated annual receipts |
|---|----------------------|--|-------------------------------------|
| Product produced by you sold at the brewery for offsite consumption by your customers | | | |
| Product produced by you for others to distribute for you (ie. in a grocery store) | | | |
| Restaurant/tasting room food (other than liquor) | | | |
| Non-beer product sales (ie. gift shop area) | | | |

3. List your labels that have registered trademarks:

4. Describe product recall procedures and tracking of brewery batches:

5. How does your brewery package product?

| Package type | Brewery uses | Percentage of use |
|-----------------------|--|-------------------|
| Keg | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ % |
| Can | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ % |
| Bottle | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ % |
| Growler | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ % |
| Other, please explain | <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ % |

6. Do you re-label or repackage any products you sell?..... YES NO

a. If yes, please explain:

7. Do you have a quality control program? YES NO

a. If yes, please explain:

8. Do you distribute your product yourself? ... YES NO

a. If yes, list destination city, mileage and frequency:

| Destination city | Mileage from brewery | Frequency |
|------------------|----------------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

9. Have you ever recalled a product? YES NO
 a. If yes, please explain:

10. Do you produce or sell any other alcoholic beverages (ie. wine, liquor)?..... YES NO

a. If yes, please explain:

EQUIPMENT QUESTIONS

Business personal property must be located within 100 feet of the premises listed on the application. If permanently attached, place the value in the building value or tenant improvements and betterments value if building is a rental.

| Property covered | Number of items | Number of gallons stored | Total replacement cost | Insured value requested |
|--|-----------------|--------------------------|------------------------|-------------------------|
| Tank vessels | | | | |
| Barrels | | | | |
| Bottling/Labeling equipment | | | | |
| Refrigeration equipment | | | | |
| List and provide value for any other critical or hard to replace equipment | | | | |

11. Do you have a maintenance program for cleaning/ servicing your tanks/vessels? YES NO

12. What is the maximum capacity, by number of barrels, you can produce in a year with current systems?

SPECIAL EVENTS QUESTIONS

13. Does the brewery host any events that bring the public on the premises, including: concerts, weddings, benefits, facility rental for corporate meetings, auctions, dinners or other events?..... YES NO

a. Special events on the premises (please attach additional pages listing events if needed)

| Inside/Outside | People attending | Public/Private |
|----------------|------------------|----------------|
| | | |
| | | |
| | | |

b. Special events off the premises (please attach additional pages listing events if needed)

| City/State of event | Dates of attendance | Public/Private/Name of event |
|---------------------|---------------------|------------------------------|
| | | |
| | | |
| | | |

14. Is the brewer open to the public? YES NO

a. If yes, what are the hours of operation?

i. Weekdays _____

ii. Weekends _____

16. Do you offer visitors to your brewery

to make or bottle their own beer? YES NO

17. Do you allow visitors to bring alcohol on

premises to consume during dinner or special events YES NO

15. Do you offer visitors tours of the brewery? YES NO

a. If yes, are tours prescheduled and guided by an employee YES NO

18. Do you have a dance floor on the

presence? YES NO

LIQUOR LIABILITY QUESTIONS (Liquor liability is not available from UFG in all states)

19. Do you have a restaurant and/or a tasting room on premises? restaurant tasting room

a. If yes, do you require your employees to be trained in some type of alcohol beverage intervention program? YES NO

b. If yes, how often do you require employees to receive training? When hired Annually Every other year

c. Describe employee training relating to detecting underage patrons and recognizing and handling intoxicated persons:

20. During what hours is liquor served?

a. Weekdays _____

b. Weekends _____

21. Does the insured carry an active liquor license?..... YES NO

22. Has the liquor license ever been suspended or revoked?..... YES NO

a. If yes, please explain:

N.J. Law P.L. 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

| | | |
|------------------------------|-------------------|---------------------------------------|
| _____ | _____ | |
| Owner or Officer's Name | Agent's Name | |
| _____ | _____ | |
| Title | Agent's Signature | Date |
| _____ | _____ | _____ |
| Owner or Officer's Signature | Date | Expiring Policy Number, If Applicable |